डा. मुरली मनोहर जोशी: आप तो राज्य सरकार के स्वयं मंत्री रहे हैं। आप जानते हैं कि केन्द्र सरकार आपको डायरेक्ट नहीं कर सकती कि इतना ही करो। यह भर्ती क्योंकि राज्य सरकार को करनी है इसलिए हम तो उनसे आग्रह करते हैं और उन्होंने माना भी है। जैसा मेरी सूचना है, सभी राज्यों में 25 प्रतिशत सीटें आरक्षित हैं। वैसे हम तो इसे और बढ़ाने का अनुरोध कर रहे हैं और जो अनुरोध की बात है वह इस 25 परसेंट पर नहीं है।

श्रीमती कुमकुम राय: सभापति महोदय, क्या माननीय मंत्री यह बताने की कृपा करेंगे कि ज़ीरो से छः वर्ष के बच्चों के लिए आंगनवाड़ी शिक्षा का भी कोई कार्यक्रम है? यदि हां, तो तत्संबंधी ब्यौरा क्या है?

श्रीमती सुमित्रा महाजन: सभापति जी, खेल-खेल में शिक्षा भी इन आंगनवाड़ी केन्द्रों में दी जाती है। अब जैसा आप जानते हैं कुछ छोटी-छोटी कविताएं या बच्चों को हाथ धोने चाहिए या यह करना चाहिए या बच्चों को किस प्रकार से खाना देना चाहिए,यह माताओं को भी बताया जाता है और अगर आप विस्तृत ब्यौरा चाहती हैं तो इसके लिए मुझे नोटिस चाहिए और फिर मैं आपको भेज दूंगी कि आंगनवाड़ी में और क्या-क्या किया जाता है।

MISS MABEL REBELLO: Under ICDS, 10% of the projects are given to the NGOs. While in the Government-run projects, the staff is paid according to the 5th Pay Commission, the staff in the NGO-run projects is denied that benefit. I wold like to know the reason for discrimination in the payment of salary. Why is there discrimination in salary? For the Anganwadi workers in the Government-run projects, you pay Rs. 500/-, whereas in the NGO-run projects that are allotted by the State Government, you pay Rs. 300/- only. I would like to ask : Why is this discrimination?

श्रीमती सुमित्रा महाजन: सभापति जी, एक तो एन.जी.ओज. को देने की कोशिश कुछ ही राज्यों जैसे मध्य प्रदेश में परीक्षण के तौर पर की गई है, सभी राज्यों में यह नहीं हुई है। दूसरे एन.जी.ओज. को भी यह स्टेट गवर्नमेंट के थ्रू दिया जाता है और उन पर निगरानी रखना कि वह क्या कर रहे हैं, क्या नहीं कर रहे हैं, उसके लिए हमारे यहां से उन को मानक दिए जाते हैं कि इस प्रकार से करना है। बाद में वह क्या करेंगे, यह निरीक्षण और उस प्रकार से कार्य करवाना यह स्टेट गवर्नमेंट का काम है।

Expenditure on Eradication on Malaria

*662. SHRI DRUPAD BORGOHAIN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what policy the Ministry of Health and Family Welfare has adopted to eradicate Malaria from the country, whether there is any specific plan for North-Eastern Region's malaria prone zone; and

(b) what amount has been spent for eradicating Malaria from the country in different States and UTs during the last three years?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) and (b) A statement is laid on the Table of the House.

Statement

(a) For control of malaria, a national programme, namely, National Anti-Malaria Programme (NAMP) is being implemented in the country generally as a Category-II Centrally sponsored Scheme on cost-sharing basis between the Centre and the States. However, for the North-eastern States this programme is 100% Centrally finance since December, 1994.

The specific strategy adopted for control of Malaria under the NAMP includes:—

* Intensification of vector control measures through prioritization of areas for selective spray with appropriate insecticides and alternative and integrated vector control methods in rural areas.
* Intensification of anti larval operation in urban areas.
* Early detection and prompt treatment of cases.
* Intensification of Information, Education & Communication (IEC) activities for creating public awareness and mobilizing community participation.
* Manpower development through intensive training and re-orientation programmes at all levels and efficient Management Information System (MIS).

In addition, an Enhanced Malaria Control Project (EMCP) with World Bank support, essentially covering 1045 PHCs in 100 pre-dominantly tribal districts which are malaria endemic in the States of Andhra Pradesh, Bihar, Gujarat, Maharashtra, Madhya Pradsh, Orissa and Rajasthan and 19 Cities/ Towns in these States and also falling in the States of Karnataka, Tamil Nadu and West Bengal is being implemented since September, 1997. This project aims at intensifying malaria control activities by way of additional inputs through a mix of interventions such as:

* Early case Detection and Prompt Treatment (EDPT) through use of newer drugs like Artemesenin and Rapid Diagnostic kits.

* Selective Vector Control including use of Synthetic Pyrethroids in rural areas and Biolarvicides in urban areas.
* Promotion of personal protection methods by use of Medicated Mosquito Nets (MMNs)
* Early detection and containment of epidemics.
* Information, Education and Communication towards personal prevention and Community participation.

  Institutional and Management capacity building, manpower development through intensive re-orientation training programmes at all levels and efficient Management Information System (MIS)
* Annual Programme Development Review (APDR) is an integral part of the EMCP.

The components of Human Resource Development (HRD), Management Information System (MIS) and Information Education Communication (IEC) are common for the whole country. The project also has a flexibility to divert resources from the core project areas (100 districts) to any part of the country in case of outbreaks and/or epidemics.

(b) Requisite information is given at Statement-I.

Statement-I

(i) Name-Expenditure (Rs. in lakhs)

Year	1997-98	1998-99	1999-200 (RE)
Expenditure	14251	16394	20500

(BUDGET ESTIMATES FOR 2000-2001—Rs. 255 CRORES)

(ii) Statement showing State/UTs wise distribution of Central Assistance provided during the year (1997-98, 1998-99, 1999-2000) under National Anti Malaria Programme

State	1997-98	1998-99	1999-2000(RE)*
1. Andhra Pradesh	854.5	781.93	1527.92
2. Arunachal Pradesh	297.5	186.61	294.72
3. Assam	2618	2170.42	2864.75

*Procurement being under taken for distribution to various states.

State	1997-98	1998-99	1999-2000(RE)*
4. Bihar	360.98	556.05	850.51
5. Goa	5.18	7.72	7.82
6. Gujarat	736.77	978.11	1726.58
7. Haryana	291.08	280.39	187.14
8. Himachal Pradesh	90.84	51.47	90.85
9. Jammu & Kashmir	78.62	72.57	102.91
10. Karnataka	568.62	264.47	378.92
11. Kerala	63.6	102.73	87.09
12. Madhya Pradesh	1122.77	895.59	2066.83
13. Maharashtra	1036.44	1538.26	1696.46
14. Manipur	273.91	377.34	2536.68
15. Meghalaya	196.96	231.55	252.45
16. Mizoram	132	172.53	270.24
17. Nagaland	212.62	183.34	323.23
18. Orissa	313.45	746.14	1162.07
19. Punjab	183.26	290.67	241.64
20. Rajasthan	1827.24	2144.15	1386.56
21. Sikkim	1.77	8.47	10.69
22. Tamil Nadu	204.88	240.72	228.29
23. Tripura	414.05	356.97	426.78
24. Uttar Pradesh	505.73	1121.92	626.84
25. West Bengal	125.71	330.9	510.55
(B) Union Territories			
1. A&N Islands	93.83	155.68	114.34
2. Chandigarh	48.53	44.3	40.62
3. Dadra & Nagar Haveli	24.75	24.9	36.32
4. Daman & Diu	12.37	10.08	15.04
5. Delhi	66.04	37.21	56.91
6. Lakshadweep	3.48	5.24	6.15
7. Pondicherry	12.48	6.15	16.1
TOTAL	12577.96	14354.58	17861

(iii) EAC Training and IEC

Year	1997-98	1998-99	1999-2000(RE)
Expenditure	169	447	800

(iv) Expenditure on Establishment/Research Kala Azar/Etc.

Year	1997-98	1998-99	1999-2000(RE)
Expenditure	1506.49	1591.17	1839

(v) Grand Total (B+C+D)

Year	1997-98	1998-99	1999-2000(RE)
Expenditure	14253.45	16392.75	20500

SHRI DRUPAD BORGOHAIN: Sir, in the performance budget for 2000-2001 of the Ministry of Health, it is stated that about 2 million cases of malaria are recorded annually since 1984. But it is much more in reality, as the health workers do not cover the interior villages, and the most affected people belong to below the poverty line. These people do not report at the health centres. So, to prevent malaria parasites from being transmitted by the mosquitoes, spraying of DDT, Malathion and synthetic pyrethroid is being done. But the success on the part of the Government is only 60%. It is reported that the spray coverage during the year 1998 was around 60% in Arunachal Pradesh, Assam, Gujarat, Haryana, Jammu & Kashmir, Meghalaya, Mizoram, Tripura, Uttar Pradesh, Chandigarh and Daman & Diu. In 1998-99, the target was to cover 168.04 million population by spraying, but only 79.26 million people could be covered. So, I would like to know from the hon. Minister as to what the causes are for the failure? Is the machinery for spraying not working properly? If it is so, what steps have you taken to remedy it?

SHRI N.T. SHANMUGAM: Sir, I appreciate the concern of the hon. Member. Sir, the National Anti- Malaria Programme, except in the North-Eastern area, is run on the cost-sharing basis. Under this programme, 50% of the cost is borne by the Central Government and 50% is borne by the State Government. The Central Government provides the entire requirement of DDT, anti-malaria drugs, malaria larvicides and the entire quantity of synthetic pyrethroids. But the implementing agency is the State Governments, who sometimes release the budgeted amount a little later. There is also a shortage of man-force to spray the insecticides. Sometimes the State Government do not fully utilise the budget amount; and sometimes some States spend the

budget amount that is provided for this elsewhere. Therefore, there is a deficiency in implementing this programme as a result of which the incidents of malaria deaths are high in some areas. Anyhow, we are reviewing the programme every time and advising the State Governments to implement it properly. We will find out the deficiency in the programme. Proper monitoring will be done. We are also asking the State Governmetns to rectify the defects in the proper implementation of the programme so that the incidents of malaria deaths will be lesser.

SHRI DRUPAD BORGOHAIN: Sir, my second supplementary is this. I want to know from the hon. Minister whether the resistance capacity of Malaria parasites and mosquitoes is increasing and whether they are capable of resisting the conventional medicines and pesticides

We have seen in the North-Eastern region that every year the cases of Malaria are increasing and medicines and pesticides are not giving the expected results.

If this is so, I would like to know whether the Ministry has taken any new steps to improve the research work for finding out new medicines and pesticides, new means to fight the menace of Malaria and to disrupt the transmission of parasites by a special kind of mosquitoes.

SHRI N.T. SHANMUGAM: The North-Eastern region is a hilly area. Therefore, the incidence of Malaria is very high.

SHRI DRUPAD BORGOHAIN: There is plains area also. Assam is full of plains areas.

SHRI N.T. SHANMUGAM: In the hilly area, they grow outdoor, in the forest. Therefore, control of their outdoor growth in the hilly area is problematic. We share the hon. Member's concern, and we will make a study. We will make arrangements to decrease the incidence of Malaria.

SHRI DRUPAD BORGOHAIN: what about the research work?

MR. CHAIRMAN: That is over now.

DR. MANMOHAN SINGH: In 1996, the Congress Government had taken a decision that, as against the normal pattern of 50:50 cost sharing basis, the National Anti-Malaria Programme in the North-East should be financed 100 per cent by the Central Government. The hon. Minister has now indicated that, the 1997, with the World Bank support, a new programme,

called the "Enhanced Malaria Control Project," had been started. But, I notice from the reply that none of the North-Eastern States has been covered by this enhanced programme. Will the hon. Minister enlighten the House why the North-Eastern States have not been included in this enhanced control programme and whether he would consider inclusion of Assam and other North-Eastern States in this programme?

SHRI N.T. SHANMUGAM: Sir, from 1994 onwards, under the revised National Anti-Malaria Programme, we are giving 100 per cent Central assistance to the North-Eastern region. Apart from providing material assistance, we are giving cash assistance to this region to meet the operational expenses. We are supplying the spraying materials also. Therefore, there is no need to include it in the Enhanced Anti-Malaria Programme, taken up with the World Bank assistance.

श्री विक्रम वर्मा: माननीय सभापति जी, एक प्रश्न का उत्तर तो माननीय मंत्री जी ने दे दिया है, मैं केवल इतना जानना चाहता हूं कि ऐलोकेशन का ब्रेक-अप तो आपने दिया है और आपने यह भी कहा है कि इस संबंध में आपने नीति बनाई है लेकिन ऐक्सपेंसिस और ऐलोकेशन के ऐक्सपेंडिचर के साथ-साथ क्या आप यह भी बताने का कष्ट करेंगे कि नियंत्रण करने में हमको कितने प्रतिशत सफलता हासिल हुई है, उसके फिगर्स भी स्टेटवाइस क्या आप उपलब्ध करा सकते हैं कि किन-किन प्रदेशों में हम कितना कंट्रोल करने में सफल हुए हैं, कितना अभी करना बाकी है?

SHRI N.T. SHANMUGAM: Sir, it is a very large question. I will have to get the material. I will get the material and send it to the hon. Member.

SHRI VIKRAM VERMA: Thank you.

DR. Y. RADHAKRISHNA MURTY: Sir, under the Enhanced Malaria Control Programme, taken up with the World Bank assistance in 100 tribal districts, one of the interventions is the use of medicated mosquito-nets. I have got an apprehension that it is not suitable for our tribal conditions. My supplementary arises out of my apprehension.

How many nets do you supply to a family? How often do they need re-medication or re-spraying of medicines? Which are the companies which supply these mosquito-nets with this high technology? What is the cost involved in maintenance of these mosquito-nets? What is the total amount spent so far on supplying of the medicated mosquito-nets to tribal families?

Sir, may I ask another question?

MR. CHAIRMAN: Other Members also have to ask. Please, please sit down.

DR. Y. RADHAKRISHNA MURTY: Sir, I am a medical activist. I have got some more questions.

MR. CHAIRMAN: There may be a number of questions, but other Members also have to ask.

SHRI N.T. SHANMUGAM: Sir, in the North-East States, Medicated bed-net Programme has been introduced. So far, we have disbursed 1.5 lakh bed-nets to the North-East States. About 1.5 lakh bed-nets are in the pipeline. This year, we have earmarked Rs. 38.3 crores to supply bed-nets to the entire tribal area under the programme. ..*(Interruptions)*... This year, we have earmarked Rs. 38.3 crores to supply bed-nets to the North- East States, hilly and tribal areas.

DR. KARAN SINGH: Mr. Chairman, Sir, before Independence, before 1947, half-a-million people used to die every year of malaria, five lakh people used to die. I remember, by 1975, we had brought the deaths down to about 1,100 or 1,200. Subsequently, what happened was that these mosquitoes became resistant to certain type of drugs; and also a new, very dangerous, strain came in, known as cerebral malaria, which is lethal. I would like to know from the hon. Minister, number one, what steps is he taking to develop, in adequae quantities, the new drugs which are necessary to replace the drug resistant medicines? Is some research going on in the ICMR in order to develop these drugs, or, are we once again dependent on imports? Secondly, are we having a public education campaign around the country, not to allow the stagnation of water, not to waste water because that is where mosquitoes breed. This is really a national problem. It may be more intense in the tribal areas. But I would like the Minister to let us know whether there is an awareness around the country because the way malaria is increasing, again, it can become a major health hazard in the next decade.

SHRI N.T. SHANMUGAM: Mr. Chairman, Sir, the ICMR is conducting studies in Delhi and Pondicherry for controlling malaria. Every year, we are spending about Rs. 2.5 cores on research activities and to find out new drugs to replace the drugs which are resistant to malaria.

DR. KARAN SINGH: I don't want to know about the expenditure. I would like to know whether you have developed such drugs or not.

SHRI N.T. SHANMUGAM: Every year, the trend of malaria is being

monitored; and research is also going on. To create an awareness, some NGOs have introduced the IEC Programme. We are also observing a particular month as "malaria month" to create an awareness among the people. The NGOs are also creating an awareness everywhere; and introducing programmes to control malaria. ..*(Interruptions)*... Regarding the new drug, research is going on.

SHRI T.N. CHATURVEDI: Mr. Chairman, Sir, it is true that malaria is an all India problem. I want to confine myself to the North-East States. The Minister has very rightly said; it is a scattered area, the infrastructure there is weak; whether it is a material infrastructure or official machinery, it is very weak. That is why I would like to know from the hon. Minister—this is the first part of my question—Was any evaluation done on the scheme started in 1994? Part (b) of my question is: In view of the weak infrastructure, will he consider having meeting between the State Government officials and officials from the Ministry once in six months to review the progress and how the scheme is being properly implemented. If this machinery already exists, I would like the hon. Minister to tell me.

Then, part (c) of my question which is very important.

MR. CHAIRMAN: No, no.

SHRI T. N. CHATURVEDI: Sir, similar to the Leader of the Opposition.....

MR. CHAIRMAN: I did not allow that.

SHRI T. N. CHATURVEDI: The Leader of the Opposition said, "Only just a little bit of extension."

MR. CHAIRMAN: No, please.

SHRI T. N. CHATURVEDI: All right, Sir.

SHRI N. T. SHANMUGAM: From the inception, a Task Force was set up. Based on the recommendations of the Task Force, we are making the necessary modifications in the programme. Also, in 1997, an All-India Monitoring Committee, under the chairmanship of Prof. Ramalingaswamy, Director-General of the Indian Council of Medical Research, was formed. The Committee made the following recommendations:—

"Regular monitoring and obtaining of reports from the States;

The Committee has evolved programmes. A Drug Distribution Centre has to be set up. Also, fever treatment reports from rural areas to be obtained. Two centres for these two purposes are to be set up in rural areas.

Also, capacity building, that is man-power development and giving training to every person involved in the Malaria Eradication Programme.

Process of identifying high-risk areas and giving guidelines to the States as to how to identify the hight-risk areas. Also, large size fish were introduced in the Vector Control Programme. A workshop was also organized. Draft bye-laws are provided to the State Governments for implementation."

We are asking the State Government to fill up all technical posts in the headquarters. Subsequently, a Technical Advisory Committee, under the chairmanship of the Director General of Health Services, Prof. Ramalingaswamy, was set up in 1998. They are reviewing the programme periodically every year.

SHRI N. THALAVAI SUNDARAM : Recently, there was a writ petition, a public interest litigation, in the Delhi High Court regarding the non-utilisation of funds provided for the national Anti-Malaria Programme. I would like to know from the hon. Minister why the fund was not utilized and whether he can take any steps regarding the utilization of the fund.

SHRI N. T. SHANMUGAM: We are giving the funds to the States and also, we are monitoring their performance. We also advise them to implement the programme regularly. Also, if there are any deficiencies, we will find them out and we will ask them to rectify the deficiencies in the National Anti-Malaria Programme.

MR. CHAIRMAN: Question No. 663.

Use of Indian Languages in Computer

*663. DR. C. NARAYANA REDDY: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether there is any UGC project for processing Indian Languages for use in Computers in University of Hyderabad (Central University);

(b) whether the project has been completed;

(c) if so, what its achievements;

(d) whether the project has been discontinued; and

(e) if so, what are the reasons therefor?